FORM CD-540 (9-96) LF				SEND THIS REQUEST FORM TO: Department of Commerce Warehouse 7900 Cedarville Road,		FOR WAREHOUSE USE ONLY REQUEST NUMBER:	
WAREHOUSE ISSUE/PICK-UP REQUEST				Brandywine, MD 20613 OR FAX TO: (301) 372-2912	DATE RECEIVED:		
TELEPHONE NUMBER:				DELIVERY/PICK-UP ADDRESS (Give complete mailing address) J. Smith			
8/20/04 202-482-1212 REQUESTED BY:				Room 4001, HCHB			
Jane Smith BUREAU:				Washington, DC 20230			
ITA/DOA/OOMS				202-482-2222			
APPROPRIATION NUMBER:				TYPE OF REQUEST:			
SIGNATURE OF APPROVING OFFICIAL:				I ISSUE FROM STOCK OTHER Transfer of Stock			
SPECIAL INSTRUCTIONS:							
ITEM NUMBER ¹	UNIT OF ISSUE 2	QTY		TITLE OR DESCRIPTION OF ITEM(S)		WAREHOUSE USE ONLY LOCATION	
1 ITASTA-1	RM	5	ITA Letterhe	ead			
2							
3							
4							
5							
6							
7							
8							
9							
10							
		priate ind	entification number.	Item number can be up to 15 positions			
WAREHOUSE COMMENT	S:						
PULLED BY:				INSPECTED BY:			
DECEIVED DV.							
RECEIVED BY:Print Name				Signature		Date	
WAS ITEM DAMAGED?	YES	NO	D IF D	AMAGED, PLEASE CALL COTR (301) 763-6	8490		
CUSTOMER COMMENTS	(Upon Receipt)						